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Mr. Chairman and Members of the Subcommittee:

Good morning and thank you for the opportunity to testify on the important topic of safe blood in Africa. The U.S. Agency for International Development (USAID) works with its partners to improve blood transfusion practices, obstetrical delivery practices and health systems to create a safer blood supply.

USAID and other U.S. Government partners recognize that safe blood saves lives. The medical knowledge and technical expertise exists. Implementing and sustaining safe blood supply systems in developing countries is the challenge today.

Women and children are likely to be the greatest beneficiaries of a safe blood supply in Africa. Women often require blood during a life threatening complication of childbirth. Children often require blood when their own blood levels are dangerously low from diseases such as malaria. During these not uncommon medical emergencies, access to a safe blood supply can be life saving.

Blood and blood products are not risk-free. Human immunodeficiency virus (HIV), hepatitis B, hepatitis C, and malaria are some of the harmful factors transmissible during blood transfusions. Up to five percent of HIV infections in the developing world are estimated to result from transfusion of contaminated blood.

USAID has directly worked to create a safer blood supply in several countries including Nigeria and Egypt. Through the Safe Blood for Africa project, USAID with the ExxonMobil Foundation, the Bill & Melinda Gates Foundation, Merck Pharmaceuticals, the Centers for Disease Control and Prevention (CDC) and Becton Dickson is developing a blood collection and distribution center in Abuja, Nigeria to prevent HIV transmission through blood transfusion. In Abuja, blood services historically had been understaffed and under funded. USAID's efforts in this initiative have contributed to the long range

goal of sustaining a National Blood Policy and establishing a Nigerian National Blood Transfusion Service. Through Safe Blood for Africa, 18 national blood transfusion services are now safeguarding the blood supply.

In Egypt, USAID worked with public and private partners to enhance the blood banking enterprise. This project has developed a framework to increase voluntary blood donations. The project includes record-keeping and data-management systems to enable retention of safe donors; a course in basic principles of safe blood collection; and universal-precaution guidelines, policies, and procedures.

Health Systems

USAID has a long history of strengthening health systems and improving the quality and safety of health care in developing countries. USAID's health programs in Africa have improved the safety of medical practices through technological innovations and clinical training and through improved governance, policy guidance, strengthened management, information and logistics systems; better health financing and improvements in service quality.

USAID helps ensure proper blood safety procedures that can reduce the risk of HIV transmission from transfusions and contaminated needles. We do this by supporting education and behavior change among providers and patients, effective supply chain management, effective supply use by providers, improved distribution systems, improved supply forecasting ability, and enhanced waste management practices.

USAID also helps to reduce the need for blood transfusions through better medical management and prevention of transfusion-causing conditions in our child survival, infectious disease and maternal health programs. While most of these programs are currently funded from our non-HIV/AIDS child survival budget, they make substantial contributions to preventing HIV in medical settings. Two notable examples are the promotion of safe obstetrical delivery practices and combating malaria.

Safe obstetrical delivery practices

USAID promotes safe obstetrical delivery and care in its safe motherhood programs. For example, postpartum hemorrhage is a serious complication of childbirth that often requires blood transfusions. Our programs aim to reduce the need for transfusions by developing programs to prevent postpartum hemorrhage as well as protocols to manage hemorrhage appropriately when it occurs.

Also, USAID funded the Program for Appropriate Technology in Health to test the feasibility of putting the drug oxytocin in Uniject pre-filled, auto-disable injection devices. Oxytocin is a medication that effectively reduces bleeding following birth, the biggest cause of maternal deaths. The use of the Uniject device to deliver oxytocin would make this life-saving intervention even safer for patients and providers while decreasing the potential need for blood transfusion.

The USAID-funded Maternal and Neonatal Health Program works in 10 countries in Africa on infection prevention practices for safe motherhood and newborn health. These programs work at the national level on policies and standards which are then reflected in curricula for pre-service and in-service training of health care workers, preparation of training sites, the development of job aids and supportive supervision systems. In addition, we emphasize several key infection prevention behaviors: injection safety, universal precautions, hand-washing, avoiding of unnecessary medical procedures, proper sterilization of instruments, proper disposal of hazardous waste, and newborn umbilical cord care.

USAID is also a partner in the White Ribbon Alliance, an international coalition that increases public awareness about the need to make pregnancy and childbirth safe for all women and newborns. The Alliance disseminates technical information on safe delivery practices, mobilizes communities, and calls attention to the needs of HIV positive mothers.

Malaria

USAID has been committed to saving lives from malaria since the 1950s. The Agency works closely with national governments to build their capacity to prevent and treat the disease. USAID also invests in the discovery and development of new antimalarial drugs and malaria vaccines.

In addition to its ongoing malaria programs, the Agency also manages programs through the President's Malaria Initiative (PMI), a \$1.2 billion, five-year initiative to control malaria in Africa announced by President Bush in June 2005. PMI is a collaborative U.S. Government effort led by USAID, in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, the White House, and others.

The goal of the Initiative is to reduce malaria deaths by half in 15 target countries in Africa by reaching 85 percent of the most vulnerable groups — children under 5 years of age and pregnant women — with proven and effective malaria prevention and treatment control measures. PMI supports control measures including insecticide-treated bed nets, spraying with insecticides in communities, lifesaving antimalarial drugs, and treatment to prevent women from getting malaria. Clearly, in reducing the toll of malaria by improved treatment and prevention of malarial infections, fewer transfusions will be required to save those severely infected.

Conclusion

Directly strengthening blood supply systems ultimately can make safe blood available throughout Africa. In the meantime, efforts that strengthen overall health systems and prevent medical emergencies like postpartum hemorrhage and severe anemia from malaria are critical to reduce the burden on currently fragile blood supply systems.

I would like to assure the Committee that USAID, in partnership with HHS and the President's Emergency Plan for AIDS Relief, will continue to work to strengthen systems to improve the delivery of safe blood in Africa. Thank you again for inviting me to speak on this important topic and I am happy to take your questions.